

SPECTRUM CONTINENCE – SERVICE AGREEMENT



Service Hours Billed - Pricing

Continence Assessment, Report & Prescription is usually billed for a minimum of 4 Hours, and a Maximum of 6 Hours at \$169.16 per hour, except on Saturdays, which are billed at \$236.82 per hour, Ongoing Care Hours are as negotiated and are billed at \$169.16 per hour, except on Saturdays which are billed at \$236.82 per hour. Travel Fee is a maximum charge of 30min each way, billed at a rate of \$169.16 per hour, except on Saturdays which are billed at \$236.82 per hour. Mileage Charge is a Per Kilometre fee of \$1.

- O By using services by us, you are bound to this Service Agreement, and you acknowledge that you have read and understand all relevant terms and conditions o If your NDIS plan is self-managed or you use a NON-NDIA registered Financial Service, then all payments owed by you will be payable within seven (7) days after invoicing, with any re-imbursment due to you to be sought/claimed at your convenience thereafter. o You acknowledge responsibility for ensuring payment of service invoice/s within seven (7) days of invoicing. O You are responsible for providing evidence acceptable to us that sufficient funding has been allocated to the NDIS plan for payment of the services you are requesting / receiving from us.
- O We will provide continence related services to you by agreed-upon method, such as Telehealth or at a particular premises or via a particular platform.
- O We will provide an appropriate outcome report to you after full payment of invoice is received. O You have the right to request access to my information held on file by us for the purposes of correction, clarification and addition of further details relevant to your appointment with us.
- O As an NDIS participant, you understand and agree that the NDIA may contact you regarding services provided.
- O It is your responsibility, or your authorised nominee, to provide us with any revocation of this consent as soon as possible in writing.

Our Rights & Responsibilities: O We may collect, use, disclose, store and handle personal information about you for the primary purpose of providing health services to you, managing the supply of these services, and, where necessary, sharing it with other health service providers and health professionals, who may be able to further assist you, in accordance with the Information Privacy Act 2000 (IP Act) and the Health Records Act 2001 (HR Act). O We will fulfill any legal obligations e.g. we may be required by law to disclose personal information to law enforcement agencies, courts or regulatory bodies to meet our public health obligations.

- O We may share your information with trusted third parties that assist in delivering our services. If you do not wish for us to share your information, please notify us by email at info@spectrumcontinence.com.au.

Cancellation Policy: O Failure to attend a scheduled appointment or cancellation with less than two (2) business days' notice will incur an expense of up to 4 hours of the current expected scheduled hourly fee.

- O All prices quoted may change from time to time, without notice. This includes our price adjustments in line with NDIS Price Schedule Changes. O We encourage all feedback, compliments or complaints. You may speak to us, or email us directly at info@spectrumcontinence.com.au. If you are unhappy with our response, you may contact the NDIS Safety Commission.

Throughout this Service Agreement,

"We", "Our", "Us", "Company" refers to Spectrum Continence, ABN 91 605 628 950. "You", "Your" refers to the client (The person receiving services).

Name: _____

Date: _____

Signature: _____